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## BIB DATA SHEET

CONFIRMATION NO. 3531

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |                         |                               |
|--|---|--|---------------------------------|--|-------------------------|-------------------------------|
| 09/673,275   | 10/13/2000  | 381  | 2615                            | 320528016US02  |                         |                               |
| <b>RULE</b>  |   |  |                                 |  |                         |                               |
| <b>APPLICANTS</b><br>Michael A. Vaudrey, Blacksburg, VA;<br>William R. Saunders, Blacksburg, VA;<br>Ronald D. Blum, Roanoke, VA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US99/08055 04/14/1999<br>and is a CIP of 09/059,303 04/14/1998 ABN<br>and is a CIP of 09/059,304 04/14/1998 ABN<br>and is a CIP of 09/059,307 04/14/1998 ABN<br>which claims benefit of 60/109,506 11/23/1998<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b><br>11/29/2000 |   |  |                                 |  |                         |                               |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /PING LEE/<br>Acknowledged Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b>     | <b>SHEETS<br/>DRAWINGS</b>                                   | <b>TOTAL<br/>CLAIMS</b> | <b>INDEPENDENT<br/>CLAIMS</b> |
|  |   |  | VA                              | 12   | 12                      | 6                             |
| <b>ADDRESS</b><br>PERKINS COIE LLP<br>PATENT-SEA<br>P.O. BOX 1247<br>SEATTLE, WA 98111-1247<br>UNITED STATES   |   |  |                                 |  |                         |                               |
| <b>TITLE</b><br>USER ADJUSTABLE VOLUME CONTROL THAT ACCOMMODATES HEARING   |   |  |                                 |  |                         |                               |
| <b>FILING FEE<br/>RECEIVED</b><br>475  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |                         |                               |
|  |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                               |
|  |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                               |
|  |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                               |
|  |   |  |                                 | <input type="checkbox"/> Other _____                         |                         |                               |
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